

Quick Reads



Gerd W. Clabaugh, MPA

Director, Iowa Department of Public Health



2018 legislative session underway

Because revenues in the current fiscal year (FY2018) have not met expectations, Governor Reynolds has [proposed a budget reduction](#) for IDPH and other executive branch agencies in the current fiscal year. IDPH has been slated to reduce approximately \$462,000 in fiscal year 2018. The legislature is being asked to approve the reductions proposed by the Governor and we look forward to providing legislators information on the impact of these reductions on programs within IDPH.

For next fiscal year, FY2019, the Governor's budget proposes carrying forward the \$462,000 in reductions from fiscal year 2018 into fiscal year 2019. She has also proposed targeted program increases for the medical residency program, support for physician training for mental health, and childhood obesity.

To receive weekly updates on the session, [subscribe](#) to the IDPH Legislative Update.



Ryan White (RW) Part B Program and the HIV Surveillance Program staff participate in a Quality Improvement (QI) Adventure.

QI success story

In December, the [Ryan White Part B](#) and [HIV Surveillance](#) programs participated in a Quality Improvement (QI) Adventure with the IDPH QI Council to evaluate and improve the process of importing labs from the surveillance data system (eHARS) to the RW Part B Program data system (CAREWare). The primary goal of the QI Adventure was to ensure case managers have accurate and timely viral load and CD4+ cell count results available to them in CAREWare. To make sure they met their case managers' needs, the QI team invited a case manager to serve as a team member. The team created a flowchart of the entire process to evaluate for improvement opportunities, identified several issues with the current process, and agreed to implement some changes, which included:

- Consolidating staff members involved in the process to reduce handoffs;
- Improving the Case Management Enrollment and Client Consent form for IDPH staff to be able to process the forms more quickly;
- Ensuring case managers contact the RW Quality Coordinator at IDPH when labs are missing in CAREWare;
- Ensuring follow up is conducted by IDPH staff on clients who are in CAREWare but not eHARS; and
- Preparing the process for when RW Part B forms become paperless later in 2018.

The team implemented the changes within a couple of weeks. They continue to evaluate their effectiveness.



IDPH spotlight: Environmental Health Services



Carmily Stone

The [Bureau of Environmental Health Services](#) includes 24 permanent, contract and internship staff. Typically, environmental health is associated with enforcement of laws and rules that

ensure safety; however, the bureau also conducts childhood lead levels surveillance, makes environmental health data available on the Iowa Public Health Tracking portal, and partners with other programs and agencies to provide outreach and education to address work-related hazards and health issues impacting Iowa workers.

The ongoing [AMANDA](#) database project is transitioning six programs with approximately 19,000 licensees from renewing by paper format to electronic format. When completed, the customer's wait time for a license when they apply on-line should be reduced.

Carmily Stone started at IDPH 15 years ago as a regional epidemiologist, then transitioned to environmental health as a community health consultant and became bureau chief for Environmental Health Services 10 years ago. Prior to IDPH, Carmily was a residential counselor at Quakerdale in New Providence, Iowa, and as a prevention specialist for Prevention Concepts, Inc. in Indianola.

Carmily and her family love visiting national parks. Trips under their belt so far include the Badlands in South Dakota, Rocky Mountain National Park in Colorado, Zion and Bryce Canyon in Utah, and Hawaii Volcano National Park. A trip to the Grand Canyon is planned this year.

Annual survey underway

The [National Survey on Drug Use and Health](#) (NSDUH), sponsored by the [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), will be conducted in Iowa again this year. The NSDUH is an annual scientific, national survey providing up-to-date information on [alcohol, tobacco and drug use, mental health and other health-related issues](#) in Iowa and nationally. Randomly selected households will be sent a letter explaining the study and letting them know an interviewer will soon be visiting their household. If an eligible resident voluntarily participates and completes the approximately one hour in-home interview, they will receive a \$30 cash incentive.

Congrats and kudos

Congratulations to retiring [Polk County Public Health](#) Director Rick Kozin on 17 years of service to public health in Iowa.

The [National Colorectal Cancer Roundtable](#) has added IDPH to its selective [membership](#).

Michael Pentella, a clinical professor of epidemiology in the University of Iowa College of Public Health and former associate director of the [State Hygienic Laboratory](#) (SHL), has been named the SHL interim director.

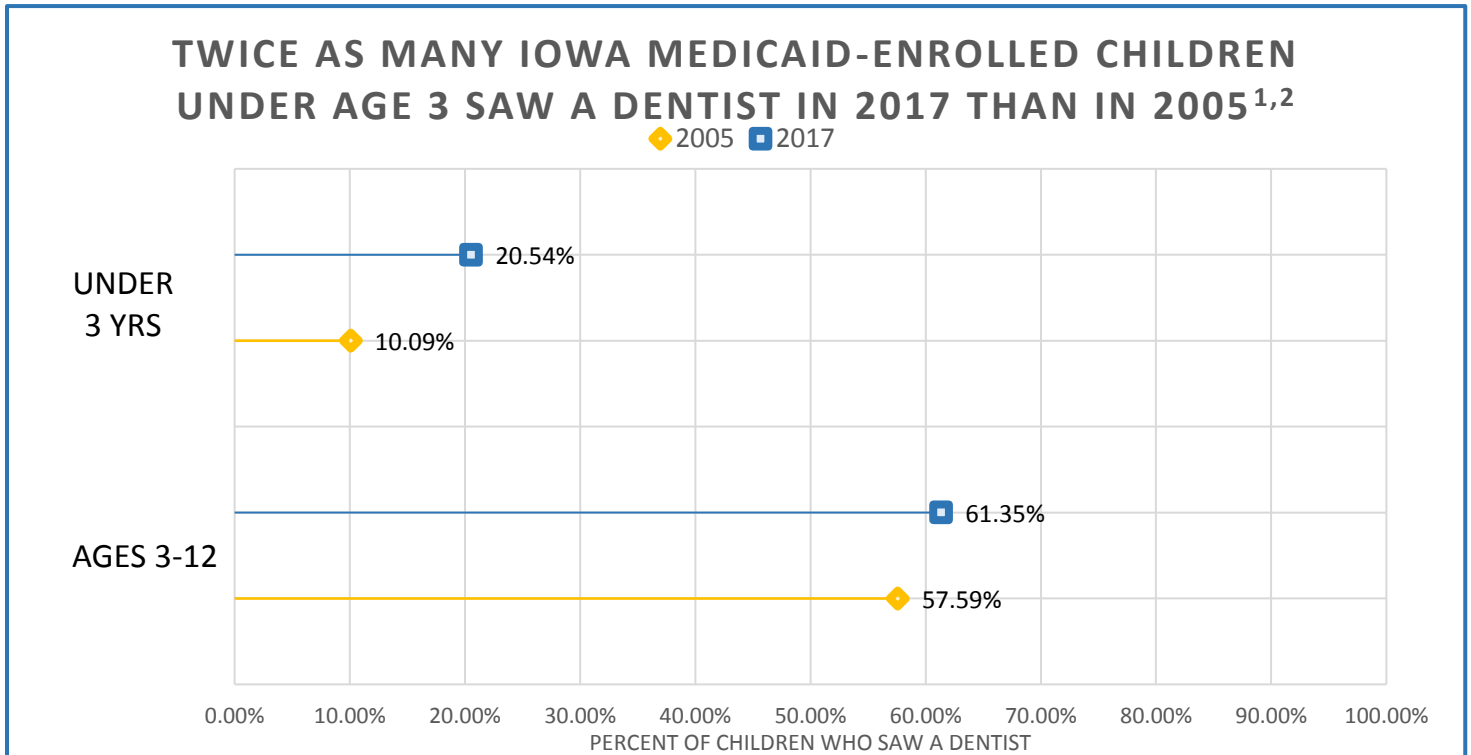
Congrats to the [Quad Cities Food Rescue Partnership](#), recognized as a [U.S. EPA 2017 Food Recovery Challenge](#) Regional Award winner. The [Scott County Health Department](#) created the Partnership in 2015.



Rick Kozin, center, is honored by the Polk County Board of Supervisors.

Monthly data snapshot

Data are essential to the practice of public health. Each month, Quick Reads highlights selected tidbits to help create awareness of IDPH data and epidemiology. Explore more data with the [IDPH Public Health Tracking Portal](#).



The American Dental Association recommends routine dental visits begin before a child's 1st birthday. However, in 2005, only one in 10 Medicaid-enrolled Iowa children younger than age 3 visited the dentist. To address this and other childhood oral health needs, [I-Smile™](#) became legislatively funded in 2006 and is now implemented throughout all 99 Iowa counties. Two important strategies of I-Smile™ include care coordination and direct services, working together to prevent dental decay in very young and school age children to reduce the risks of long-term adverse health outcomes, resulting in lower future costs to Medicaid.

The percentage of Medicaid-enrolled Iowa children younger than 3 who saw a dentist more than doubled from 2005 to 2017. While this young age group still lags behind older children and significant gaps in access to dental care exist among older and younger Medicaid-enrolled children, Iowa has made great progress in the right direction. Please [email](#) the department questions or comments about this or other IDPH data.

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To contribute a news item or smart practice, please write to Polly Carver-Kimm at Polly.Carver-Kimm@idph.iowa.gov.

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